STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL001017 07/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1032 B NORTH MEBANE STREET SPRINGVIEW - ROSS BUILDING BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell on July 29, 2015. This facility was first licensed as a Home for the Aged serving 12 ambulatory residents in a Special Care Unit on October 28, 1996. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code, Section 409.1, for Group I Unrestrained Occupancy. Deficiencies were noted which will require a new plan of correction. C 111 C 111 Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 3. Based on observation, a current report was not available at the time of the survey. Findings include: The current Sprinkler Annual Inspection and Test Report was not available. (7-16-14 on tag at riser) C 155 C 155 Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
HAL001017		HAL001017	B. WING		07/30/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	/IEW - ROSS BUILDII	NG	ORTH MEBANE STREET STON, NC 27217			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROIDEFICIENCY)	ILD BE COMPLETE	
C 155	material and so corcleanable; (2) Scatter or throw (3) All floors shall to this Rule is not med. Based on observation maintained in a seriodings include: a) Floor tile cracked by Floor tile cracked.	ts for floors are: be of smooth, non-skid instructed as to be easily or rugs shall not be used; and be kept in good repair. et as evidenced by: vation, the facility floors were safe manner. d in Kitchen foyer d in corridor near room 6	C 155			
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Based on obser in bedrooms and of in good condition.	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing et as evidenced by: vation, the resident furnishings her areas were not maintained a handle missing on the end	C 164			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
		HAL001017	B. WING		07/	30/2015	
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - ROSS BUILDING SPRINGTON, NC 27217 STREET ADDRESS, CITY, STATE, ZIP CODE 1032 B NORTH MEBANE STREET BURLINGTON, NC 27217							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 183	Continued From pa	ge 2	C 183				
C 183	Fire Extinguishers		C 183				
	(a) At least one five A-B-C type fire extil 2,500 square feet of (b) One five pound or CO/2 type is requapplicable, in the management of the control of the	08 FIRE EXTINGUISHERS e pound or larger (net charge) nguisher is required for each of floor area or fraction thereof. or larger (net charge) A-B-C uired in the kitchen and, where eaintenance shop. Let as evidenced by: vation, the building fire nt was not maintained to keep his would affect all residents by ection equipment operable for					
	indicated that require stopped in April, an	s on the fire extinguishers red monthly checks were d until the time of the survey rmed monthly per NFPA 10					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, ambing equipment in an adult amaintained in a safe and					
	This Rule is not me	et as evidenced by:					

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Division of Fleatth Service (Vegulation)		ī				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMP	LETED
		HAL001017	B. WING		07/3	0/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE		
	TIBER OR OUT LIER			NE STREET		
SPRING	/IEW - ROSS BUILDI	NC	TON, NC 27	_		
040.15	CUMMADY CTA		1		DNI .	0/5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
C 189	Continued From pa	ge 3	C 189			
	1. Based on observ	ation, the building was not				
		e manner by not maintaining				
		ating of building components.				
		I residents by not containing				
	smoke and fire in the					
	compartment of original	gın.				
	Findings include:					
		barrier wall i) has unprotected				
		e, ii) has tape coming loose				
	from wall joints, and iii) has sealant pulled out of					
	wall at penetration	,				
	b) In areas where camaras were installed on the					
	ceiling the sealant has pulled loose from the					
	ceiling penetrations.					
		ng penetrations were caked				
		can delay or prevent a				
	-	om activating in a fire				
	emergency.	a affa at a muial dan la a a d				
		n offset sprinkler heading to the attic in the right				
		ig to the attic in the right iation damper in the ceiling				
		lue to a failed fusible link				
		Room has unprotected				
	penetrations in the					
	•	within 18 inches of the				
		e closet in i) Room 2, and				
	ii) Room 4.	•				
		ations are not in conformance				
		nt to use a through penetration				
		at has been tested in				
	accordance with AS	5 I IVI E-8 14.				
	2 Rased on observ	vation, the building plumbing				
		maintained in a safe manner				
		onnects. This would affect all				
		ially siphoning waste water				
	into the potable wat					

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AND DLAN OF CODDECTION IDENTIFICATION NUMBER:	(2) MULTIPLE CONSTRUCTION . BUILDING: 01	(X3) DATE SURVEY COMPLETED	
HAL001017 B. V	. WING	07/30/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS	ESS, CITY, STATE, ZIP CODE		
SPRINGVIEW - ROSS BUILDING 1032 B NORT BURLINGTON	TH MEBANE STREET N, NC 27217		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL FREGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
C 189 Continued From page 4 Findings include: a) The spray hose in the Tub Room has no vacuum breaker 3. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings include: a) Living Room door scrubs frame and will not close and latch, 4. Based on observation, the facility electrical system was not maintained in a safe manner. Findings include: a) Room 3 has an outlet missing a cover plate.	2 189		

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